IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert Gregory Petrancosta

Application No.: 10/722,642 Group No. 3653

Filed: 11/26/03 Examiner: Hageman, M.

For: SYSTEM FOR FACILITATING COMPLIANCE WITH MATERIALS HANDLING RULES

Conf. No. 7329

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment and Information Disclosure Statement for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$460.00

CERTIFICATION OF TRANSMISSION

I hereby certify that, on the date shown below, this correspondence is being filed EFS at USPTO.GOV:

Date: ____/- dd-00

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	ol. 3)		OTHE	R THAN A	SM	ALL ENT	ITY
	CLAIMS										
	REMAINING		EST NO.	200						40012	
	AFTER AMENDMENT		IOUSLY	PRESENT EXTRA		DATE			ADDIT.		
	AMENDMENT	PAID FOR		EXITA		RATE				FEE	
TOTAL	9	_	20	=	0	Х	\$	50.00	=	\$	0.00
INDEP.	1	-	3	=	0	х	\$	210.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							ΑC	DIT. FEE		\$	0.00

No additional fee for claims is required.

INFORMATION DISCLOSURE STATEMENT FEE

5. Authorization is hereby made to charge the amount of \$180.00 for Information Disclosure Statement Fee to Deposit Account No. 50-1097.

FEE PAYMENT

6. Authorization is hereby made to charge the total amount of \$640.00 (Extension of Time Fee and Information Disclosure Statement Fee) to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

7. If an additional extension and/or fee is required, charge Account No. 50-1097.
If an additional fee for claims is required, charge Account No. 50-1097.

Date: <u>UNU</u>

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